

made about results that are not adjusted for multiplicity when this context is understood. We have not singled out ACM because it occurred by chance. In fact, 33 of 34 predefined efficacy endpoints directionally favored FF/UMEC/VI over UMEC/VI in the overall IMPACT population, with 29 of the 33 having a P value <0.05 and 23 of these 29 having a P value <0.001 .

The IMPACT study provides confidence in the reduction in ACM with FF/UMEC/VI treatment compared with long-acting muscarinic antagonist/long-acting β_2 -agonist treatment. IMPACT was a well-designed, well-conducted, large, global, multicenter trial. ACM was a predefined endpoint with a prespecified analysis plan. These data were reliable and of high quality, with independent adjudication of deaths and minimal missing data (0.4% of the 10,355 subjects in the ITT population).

In addition, we demonstrated clinical plausibility between ACM and reduction of severe (hospitalized) COPD exacerbations. Indeed, in IMPACT, there was a 34% reduction in the rate of severe COPD exacerbations with FF/UMEC/VI compared with UMEC/VI, further supporting the plausibility that the risk of death would also be reduced (2).

Similar findings in reduction in ACM more recently shown in the ETHOS (Efficacy and Safety of Triple Therapy in Obstructive Lung Disease) study (3) also strongly support that the IMPACT findings were not due to chance. ■

Author disclosures are available with the text of this letter at www.atsjournals.org.

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References

1. Lipson DA, Crim C, Criner GJ, Day NC, Dransfield MT, Halpin DMG, *et al*. Reduction in all-cause mortality with fluticasone furoate/umeclidinium/vilanterol in patients with chronic obstructive pulmonary disease. *Am J Respir Crit Care Med* 2020;201:1508–1516.
2. Lipson DA, Barnhart F, Brealey N, Brooks J, Criner GJ, Day NC, *et al*; IMPACT Investigators. Once-daily single-inhaler triple versus dual therapy in patients with COPD. *N Engl J Med* 2018;378:1671–1680.
3. Martinez FJ, Rabe KF, Ferguson GT, Wedzicha JA, Singh D, Wang C, *et al*; ETHOS investigators. Reduced all-cause mortality in the ETHOS trial of budesonide/glycopyrrolate/formoterol for COPD: a randomized, double-blind, multi-center parallel-group study. *Am J Respir Crit Care Med* [online ahead of print] 30 Nov 2020; DOI: 10.1164/rccm.202006-2618OC.

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Erratum: Culture Conversion in Patients Treated with Bedaquiline and/or Delamanid: A Prospective Multicountry Study



Because of an error by our compositor, an incorrect affiliation was inadvertently inserted for Dr. Nino Chumburidze in the January 1, 2021 article by Franke and colleagues (1). Dr. Chumburidze should have been listed as being a member of the Medical Department, Doctors Without Borders, in Tbilisi, Georgia (not Sokhumi, Georgia). The *Journal* has replaced the online version of the article with a corrected version. ■

Reference

1. Franke MF, Khan P, Hewison C, Khan U, Huerga H, Seung KJ, *et al*. Culture conversion in patients treated with bedaquiline and/or delamanid: a prospective multicountry study. *Am J Respir Crit Care Med* 2021;203:111–119.

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